

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212553373</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>OPERATION LIFESAVER, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>THOMAS D. SIMPSON RSI/OPERATION LIFESAVER 1420 KING ST #401  Alexandria, VA 22314</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALEXANDRIA CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>DC</b></p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: <b>12/31/2012</b></p> <p>SCC ID NO: <b>F1076639</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1420 KING STREET, #201</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ALEXANDRIA, VA 22314</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: William Barringer  TITLE: TREASURER  ADDRESS: 1200 Peachtree St. NE, Box 36  CITY/ST/ZIP/CO: Atlanta, GA 30309 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: William Barringer TITLE: TREASURER ADDRESS: 1200 Peachtree St. NE, Box 36 CITY/ST/ZIP/CO: Atlanta, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CLYDE HART  TITLE: V CHAIRMAN  ADDRESS: 700 13TH ST NW #575  CITY/ST/ZIP/CO: WASHINGTON, DC </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CLYDE HART TITLE: V CHAIRMAN ADDRESS: 700 13TH ST NW #575 CITY/ST/ZIP/CO: WASHINGTON, DC	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Cliff Stayton  TITLE: Chairman  ADDRESS: 500 Water Street, J-205  CITY/ST/ZIP/CO: Jacksonville, FL 32202 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Cliff Stayton TITLE: Chairman ADDRESS: 500 Water Street, J-205 CITY/ST/ZIP/CO: Jacksonville, FL 32202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Nancy Hudson  TITLE: DIRECTOR  ADDRESS: 1400 Norfolk Southern Drive  CITY/ST/ZIP/CO: Birmingham, AL 35210 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Nancy Hudson TITLE: DIRECTOR ADDRESS: 1400 Norfolk Southern Drive CITY/ST/ZIP/CO: Birmingham, AL 35210	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LEO PENNE  TITLE: DIRECTOR  ADDRESS: 444 N CAPITOL ST NW  CITY/ST/ZIP/CO: SUITE249 WASHINGTON, DC 20001 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LEO PENNE TITLE: DIRECTOR ADDRESS: 444 N CAPITOL ST NW CITY/ST/ZIP/CO: SUITE249 WASHINGTON, DC 20001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	PATRICIA REILLY	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	50 F STREET				
CITY/ST/ZIP/CO:	WASHINGTON, DC 20001				
NAME:	Joyce Rose	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	PRESIDENT				
ADDRESS:	1420 King Street #201				
CITY/ST/ZIP/CO:	Alexandria, VA 22314				
NAME:	Trenton Anderson	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	5610 Buncombe #104				
CITY/ST/ZIP/CO:	Shreveport, LA 71129				
NAME:	Dale Bray	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	1400 Douglas Street, Stop 0850				
CITY/ST/ZIP/CO:	Omaha, NE 68179				
NAME:	Janice Cowen	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	4149 East Buchanan Drive				
CITY/ST/ZIP/CO:	Columbia, SC 35210				
NAME:	Polly Hanson	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	40 Massachusetts Avenue				
CITY/ST/ZIP/CO:	Washington, DC 20002				
NAME:	Allen Pepper	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	2414 Douglas McArthur				
CITY/ST/ZIP/CO:	Starksville, MS 39759				
NAME:	Nicole Brewin	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	425 3rd St, SW #920				
CITY/ST/ZIP/CO:	Washington, DC 20024				
NAME:	Steven Neubauer	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	OOB1, 2600 Lou Menk Drive				
CITY/ST/ZIP/CO:	Forth Worth, TX 76131-2830				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ Joyce Rose		Joyce Rose, PRESIDENT		1/28/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					